

# EMPLOYER REPORT

## Nursing

**Report Due:** Monthly for the first 6 months of full compliance and then quarterly thereafter.

Case #: \_\_\_\_\_

Name of Probationer: \_\_\_\_\_

Profession: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Job description/duties: \_\_\_\_\_

\_\_\_\_\_

**DOPL**

**ATTN: COMPLIANCE UNIT**

**PO BOX 146741**

**SALT LAKE CITY UT 84114-6741**

Have you read the conditions of probation?

☐ Yes ☐ No. *If No, please read it before submitting this document.*

	Excellent	Above Average	Average	Below Average	Don't Know	Comments:
1. Interpersonal relationship						
2. Dependability						
3. Technical aspects of clinical skills						
4. Clinical judgment						
5. Leadership ability						
6. Response to constructive criticism						
7. Job performance						
8. Knowledge base						
	Yes		No		Comments:	
9. Evidence of drug consumption						
10. Random urines obtained						
11. Directly supervised by						
12. Access to controlled substances						
13. Disciplinary problems						

ADDITIONAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

( ) -  
Phone Number

/ /  
Signature Date